



MOUNT MACEDON GOLF CLUB INC.

MT. MACEDON ROAD. Mt. MACEDON

ABN. 71 030 431 908

Clubhouse Telephone: (03) 5426 1650

Web: www.mtmacedongolfclub.com.au

PRESIDENT: MATT WILLIS

CAPTAIN: MICK DOYLE

HON. SECRETARY: TONY LITTMAN

HON. TREASURER: BRIAN COLLINS

MEMBERSHIP FORM FAMILIES AND COUPLES

Please ensure all details are provided as this will avoid any delay in processing the application.

Please address all correspondence to :

Hon. Treasurer, Mount Macedon Golf Club, PO Box 2, Mt Macedon, Vic, 3441

Mr. /Mrs. /Ms. (Please Circle)	SURNAME:	FIRST NAME:
POSTAL ADDRESS:	
CITY/TOWN:	POST CODE:
TELEPHONE:	MOBILE:	
EMAIL:		
OCCUPATION:	DATE OF BIRTH:/...../..... (Reqd. for Insurance.)	
I/ we wish to RENEW Membership of Mount Macedon Golf Club Inc. for the upcoming season in the following category (Please tick relevant box)		
<input type="checkbox"/> FULL FAMILY MEMBERSHIP \$820.00 Children must be under 18 years old at time of joining Information for all members must be provided for on the attached sheet.	<input type="checkbox"/> COUPLES MEMBERSHIP \$705.00 Information for all members must be provided for on the attached sheet.	
*** ALL MEMBERSHIP FEES QUOTED INCLUDE GST***		
PLEASE RETURN THIS FORM TOGETHER WITH YOUR PAYMENT TO:- HON.TREASURER MT MACEDON GOLF CLUB P.O.BOX 2 MT MACEDON, VIC, 3441	PAYMENT DETAILS: EFT: Please ensure your details are with the payment. Account name: Mt Macedon Golf Club Inc. Bank: Bendigo Bank BSB: 633108 Account No: 146 954 912 Cheque payable to: Mt Macedon Golf Club Inc. EFTPOS: Available at Mt Macedon Golf Club	
MEMBERSHIP RENEWAL FEES – PAYMENT DUE NO LATER THAN 31 ST JULY 2017		
OFFICE USE ONLY	Membership renewal form sent...../...../.....	MEMBERSHIP FEES DUE: 31/7/23
DATE RECEIVED:/...../.....	AMOUNT RECEIVED: \$.....	RECEIPT NUMBER:
MEMBERSHIP TAG & RECEIPT SENT:/...../.....	MEMBERSHIP TAG NUMBER:	

Membership Period 1/7/2023 – 30/6/2024



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ADDITIONAL MEMBER INFORMATION

(REQUIRED FOR ALL FAMILY AND COUPLE MEMBERS)

Mr. /Mrs. /Ms. (Please Circle)	SURNAME:	FIRST NAME:
POSTAL ADDRESS:	
CITY/TOWN:	POST CODE:
TELEPHONE:	MOBILE:	EMAIL:
OCCUPATION:	DATE OF BIRTH:/...../..... (Reqd. for Insurance.)	

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